ANNUAL REPORT

OF THE

Medical Officer of Health

TO THE

Rural District Council of Romsey

For the Year 1913.

PORTSMOUTH :

HOLBROOK & SON, LTD., PRINTERS, 154-155, QUEEN STREET.

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ROMSEY RURAL DISTRICT COUNCIL.

ROMSEY,

March, 1914.

TO THE ROMSEY RURAL DISTRICT COUNCIL.

GENTLEMEN,

In the presentation of this, my Seventeenth Annual Report as Medical Officer of Health for the Romsey Rural District, I shall adhere as closely as possible to the form adopted last year. The principal reason for doing so is that it facilitates the preparation of the County Report which follows, and, although it makes it even more difficult to avoid mere repetition in my statement of conditions, which remain for the most part the same from one year to another, the advantages of uniformity in the District Reports must outweigh any such objections.

I would strongly recommend the Members of your Council to read first, or in conjunction with this, the County Report for 1912, which was recently published. Not only does it afford, in the abstracts from the reports of the District Medical Officers of Health abundant material for useful comparison, but the experience and the views of the County Medical Officer may be used to verify, or to correct, as the case may be, my own personal ideas and impressions on matters in which my experience is necessarily limited.

As this District Report has to be submitted to the Local Government Board and the County Council, it is desirable that some space should be devoted to a brief description of the general features of the District to which it relates.

Physical Features, etc.

The District is a *purely rural one*, embracing an area of 31,855 acres, surrounding the small Municipal Borough of Romsey, which, being a separate Urban District, is not dealt with here.

There are large tracts of woodland and common, but most of the land is devoted to pasture and agriculture, dairy-farming being now, perhaps, the principal industry.

The sub-soil is mostly of gravel, with patches of clay, of sand, and of peat, except at the northern extremity of the District, where the chalk comes to the surface.

In height above sea level it ranges from a few feet at Nursling to about 400 feet in the upper parts of Lockerley and Sherfield.

The climate is that of the South of England generally, without any special local features.

A rainfall table, which I have compiled from records kindly supplied me by the Revd. Vere Awdry, of Ampfield, is appended. Ampfield Vicarage is not within the District, but being only about a mile outside its boundary the rainfall may be taken as the same.

The total amount registered last year was 30.54 inches, rain falling on 171 days.

In 1912 it was 37.54 inches. The average for the preceding 15 years was 28.97 inches.

The District is rather peculiar in that it has no centres of population, all the villages being of a straggling character. Their communications are with Romsey especially, and with other market towns, rather than with each other. In the case of Rownhams and Nursling, the associations are more with Southampton than with Romsey.

The District comprises 14 civil parishes, and for the statistical purposes of this Report they are very conveniently grouped into five sub-divisions of nearly equal population, Romsey Extra forming the first sub-division, concentric to

the Borough of Romsey (population 1,485); Timsbury and Michelmersh (including Braishfield and Awbridge) the second (population 1,258); Mottisfont, Lockerley, and East Dean the third (population 1,311); Dunwood, Sherfield, Melchet, Plaitford, East and West Wellow the fourth (population 1,564); and Nursling and Rownhams the fifth (population 1,182).

The second, first, and fifth of these occupy successive positions in the main valley of the River Test above and below Romsey, while the third and fourth are in just the same geographical relation to the Lockerley and Wellow (Blackwater) Rivers, which are the principal tributaries to this section of the Test, and are both on its western side.

I shall refrain from giving death-rates for each subdivision, because the poulation being so small such figures are apt to be misleading. They are dealt with separately only on Table II., which shows the incidence of infectious cases during the year.

Population.

The census returns of 1911 were rather surprising, for whereas between 1891 and 1901, notwithstanding a considerable increase in the number of inhabited houses, the population had *declined* from 6,625 to 6,270; it appears that in the next 10 years there was an increase of 530, bringing the total up to 6,800.

I was aware, and pointed out in my Annual Report for 1910, that during those 10 years there had been a " Natural Increase " (i.e., an excess in the number of births over the number of deaths) of nearly 700 in the District; but seeing that in the previous 10 years there had been just as great a natural increase, and, on the other hand, an actual decrease in the population according to the Census returns, I had not felt justified in putting up the population year by year. Consequently the birth and death-rates, etc., for the years 1907-1910 were calculated on a basis of population of 6,270, but I have now re-cast them for past years, distributing the proved increase equally over the period.

The number of inhabited houses in 1891 was 1,388, in 1901 1,475, in 1911 1,596, the population at those times being returned as 6,625, 6,270, and 6,800 respectively. I have always suspected there was a mistake in the Census of 1901 with regard to the population of this District, but, taking the figures as they stand, the number of persons per inhabited house was 4.7 in 1891, and 4.2 in 1901, and 4.2 again in 1911.

These figures are of some importance in their bearing on the question of House Accommodation, to which I shall have to refer later.

Births and Birth-Rate.

The births registered as occurring in the District in 1913 numbered 140, which, when one birth at the Workhouse is transferred, gives a birth-rate of 20.1 per 1000 of the population.

The average birth-rate in the District for the preceding five years was 21.5.

The National birth-rate (England and Wales) in 1913 was 23.9, but the average for the 10 years 1903-1912 was 26.3.

Generally speaking, the birth-rates are slightly lower in Rural than in Urban Districts. In the Administrative County of Hampshire in 1912 the rates were 23.1 in the Urban Districts, and 19.4 in the Rural Districts.

The County figures for 1913 are not yet available for comparison.

Deaths and Birth-Rate.

The actual number of deaths occurring in the District in 1913 was 67, giving a death-rate of only 9.7 per 1000.

For several years it has been the custom to correct the figures by the transference of deaths in Workhouses and Hospitals to the Districts in which their patients had previously resided, and the system of transference has more recently been extended in an arrangement with the Registrar-General by which deaths occurring under certain other

circumstances are now also transferred. In this way 9 deaths (most of which occurred in the Workhouse, and were referable to the Borough of Romsey), have been transferred to other Districts, and 13 deaths have been brought into the list, making the number of deaths 71, and making the death-rate as corrected 10.2.

The average death-rate for the preceding 5 years was 10.8.

The death-rate in the Borough of Romsey last year was 14.5, the average rate for the preceding 5 years 12.6.

The National death-rate for England and Wales last year is given (subject to revision) as 13.7, the average rate for the 10 years 1903-1912, 14.9.

The figures for the Administrative County for 1912 are not yet available for comparison, but in 1912 the rate was as low as 10.7.

The continuous decline in the National death-rate from about 24 per 1000 fifty years ago to its present level is convincing testimony to the improved conditions of health, and the fact that the decline has been most marked in the deaths due to the diseases of early life, and especially the infectious diseases, should afford ample encouragement to everyone concerned with Public Health Administration.

On the basis of the information gained by the Census of 1911 (and that of 1901) as to the age and sex distribution of the population of England and Wales, an attempt has been made to Standardize the death-rates of the various Districts accordingly. The factor prescribed by the Registrar-General for this District is .8709, which means that for purposes of comparison the death-rate (after correction by transference as described above) should be further reduced by multiplying by that figure. Thus 10.2 x .8709 = 8.88, which represents the " Standardized " death-rate for this District last year.

Uncertified Deaths.

There were no uncertified deaths.

Still-births.

The number of still-births I have no means of ascertaining.

Infantile Mortality.

There were only 8 deaths of infants under one year of age, giving an infantile mortality rate of 57.7 *per 1000 births registered.* On the great importance of the infantile mortality rate, not only in its effect, but as an index of the material and moral welfare of the population, I have often dwelt, and it has always been a subject for congratulation that the infantile mortality rate is comparatively low in this District. The average rate for the preceding 5 years was 75 per 1000 births, which, although not far below the rate for this County, compares very favourably with the returns for the whole of England and Wales, which gives an average of 126 in the 10 years to 1912. Much attention has of late years been given to the subject of infantile mortality, and considerable success has already been achieved in its reduction, for whereas 20 years ago the national rate was not less than 150, in 1913, after falling almost year by year, it has reached the low figure of 113. In 1912 it was only 95.

Notification of Births Act (1909).

The Act has not been adopted in this District. Its object is the reduction of infantile mortality, and it provides for the immediate notification of all births to the Medical Officer of Health, and for the appointment of visitors (who would generally be ladies acting gratuitously) to go to the homes and give advice to mothers as to the feeding and care of their infants. It has not been thought necessary to adopt the Act here, because it is difficult to see what more could be done in this direction than is at present done by doctors, nurses, and churchworkers, with all of which the District is well provided.

A Circular Memorandum from the Local Government Board advising generally the adoption of the Act was re-

ceived during the year, and was duly brought to the notice of the Council, but its adoption was not favoured.

It is possible that the County Council (having power to do so) will apply the Act to its area, but it seems more likely that in the near future the Legislature—if advantage is apparent in Districts that have adopted it—will make the Act of general application.

Supervision of Midwives.

The inspection of midwives is carried out by the Superintendent of the HampshireNursing Association under the direction of the County Medical Officer, in whose Annual Report is contained a summary of work done in this connection.

There have been no complaints affecting the 4 or 5 registered midwives who practise in this District.

Zymotic Death-rate.

I have prepared a table, which is appended as Table VI., giving the number of deaths from the zymotic diseases separately and collectively for each of the last ten years and for the whole period of ten years, and showing the total zymotic death-rate for each year, the average annual death-rate for each disease, and the average total zymotic death-rate per 1000 of the population per annum.

Briefly the results may be stated thus:—

	Deaths in 10 years to 1912.	Average Annual Death-rate.
Small Pox	—	—
Measles	8	.11
Scarlet Fever	1	.01
Diphtheria	14	.20
Membranous Croup	—	—
Other Fevers:		
(Enteric, etc.)	—	—
Whooping Cough	2	.03
	—	—
	25	.35
	—	—

Deaths in 1913:—From Diphtheria, 2; Typhoid, 1; Whooping Cough, 4. Total, 7. Zymotic death-rate for 1913, 1.0.

These figures for last year alone are not so good, but those for the longer period are satisfactory, and compare favourably with the County returns, and still more so with the National zymotic death-rate.

It should be particularly noted that deaths from Diarrhœa and Enteritis are not counted in the above statement, whereas they are usually included in the published tables of Zymotic diseases, and form a very large proportion of the deaths from Zymotic causes.

I have hitherto excluded them because I have regarded the classification of deaths from Diarrhœa as unreliable, and I have not now at hand the material for correcting the figures of former years in that respect, but in 1913 there was only 1 such death in this District, which would make the total Zymotic death-rate 1.1 instead of 1.0 as shown above.

For England and Wales in 1912 the rate would be .82 without deaths from Diarrhœa and Enteritis.

Influenza Death-rate.

There were 2 deaths in 1913 in which Influenza may be taken as the principal cause of death, giving a death-rate of .29.

Cancer Death-rate.

From Cancer there were 9 deaths, yielding a death-rate of .13.

The deaths ascribed to Cancer in the last 10 years have numbered 5, 8, 2, 8, 4, 7, 5, 6, 6, and 9, giving an average number of deaths from Cancer of 6 and a rate per 1000 of .88. There is no evidence here of any greater increase in the Cancer death-rate than may be explained by greater accuracy in death certification, and by certain other considerations, such as the attainment of the cancer age (middle and late life) by a larger proportion of the poulation in consequence of the diminishing death-rate from diseases which particularly affect people in early life.

Tuberculosis Death-rate.

There was only 1 death from Consumption, giving a death-rate from that cause of .14. The deaths in the preceding ten years were 4, 1, 3, 7, 4, 2, 1, 4, 4, and 4. Average number of deaths 3.4. Death-rate per 1000 exactly .5. This is quite a low rate—the lowest in the County—but it does not show the improvement that has been expected.

On referring to the National Statistics, there, too, it is rather disappointing to find that although the death-rate from Consumption is still falling from year to year, the *improvement* in the last ten years has been *less rapid* than it was during the preceding ten years, and has in fact in the latter period only just kept pace with the fall in the general death-rate.

There were 2 deaths from Non-pulmonary Tuberculosis.

Other Respiratory Diseases.

There is nothing unusual in the number of deaths from Bronchitis, Pneumonia, Pleurisy, etc., and the same may be said generally of the other diseases specified in Table III.

Prevalence of Infectious Diseases in 1913.

The cases of illness reported under the Infectious Diseases (Notification) Act (classified in Table II.) numbered 38, which slightly exceeds our average number. There were also 10 cases of Tuberculosis notified, and these are now included in the same Table.

Scarlet Fever was notified in 18 cases, of which 13 were in the parish of Romsey Extra, 4 in the Wellow Sub-division, and 1 at Nursling. Most of these cases occurred in children attending the Elementary Schools at Romsey, where Scarlet Fever in a very mild form was more or less prevalent throughout the year.

Fourteen families were affected by it. In eleven of these the illness was limited to one person, in two there were two cases, and in one there were three.

None of the cases proved fatal.

Diphtheria.

Fifteen cases were notified, of which 7 were in the Lockerley and Mottisfont Sub-division, 6 in the Wellow Sub-division, and one each in the parishes of Romsey Extra and Michelmersh. Eleven families were concerned, all apparently independently of each other. In two houses there were two cases, and in one there were three. Two of these were no more than " carrier " cases, in which the diagnosis was made solely on the bacteriological examination of contacts. There were two deaths from diphtheria.

Enteric Fever.

From Enteric Fever this District has been singularly free for 15 years or more, and the four or five cases that have been met with during that time have, with one possible exception, clearly been " imported " cases.

Last year, however, there were two cases.

In the one (which occurred early in the year) oysters were the probable medium of infection. In the other (at the end of the year) the source of infection was not discovered. There was certainly no connection between the two cases. The later case terminated fatally.

Erysipelas was notified in 3 cases, but none of these occurred under the special circumstances which sometimes make this affection of Public Health importance.

Measles. There were a few cases—especially at Awbridge and Lockerley—early in the year. No deaths occurred .

Whooping Cough was prevalent at Lockerley in the Spring. The four deaths from Whooping Cough were all in that Sub-division of the District.

Mumps and Chicken-pox were never really prevalent at any time last year, but a few cases of each disease were reported to me from time to time by School-teachers.

Consumption (Pulmonary Tuberculosis) and other forms of Tuberculosis.

The Notification of Consumption began with the Regulations of 1908, which applied only to cases occurring in Workhouses and in Out-door Poor-law practice.

In April, 1911, this was supplemented by the Order affecting Hospital cases, and it will be remembered that in this District a voluntary system of notification for the cases of Consumption had in the meantime been adopted, but was not generally followed; so that it was not until the beginning of 1912, when the Regulations made in November, 1911, came into force, that *all* cases of Consumption under whatever circumstances occurring became compulsorily notifiable.

The Tuberculosis Regulations of December, 1912, which became effective in February, 1913, consolidated the provisions of the preceding Orders, and included the non-pulmonary forms of Tuberculosis as cases of Notifiable Disease.

Three of the ten cases notified were of the latter class. Altogether 18 cases of Tuberculosis have been reported since notification was made compulsory two years ago, but that does not represent the numbers of fresh cases occurring in that period, several cases of longer standing being necessarily included. Besides the one death from Consumption already referred to, two of the non-pulmonary cases had a fatal termination last year.

Zymotic Disease Prevention—Methods of Dealing with Infectious Disease.

Notification.

The Infectious Diseases (Notification) Act of 1889 has always worked well here. No difficulties in the operation of the Act have ever arisen in this District, and here, as elsewhere, it has proved itself a most valuable enactment, not only because it gives those responsible for the Public Health administration the opportunity of inquiring into the cause and circumstances of infectious cases as they arise, and of

dealing with them accordingly, but also because the mere necessity for notification has brought home to those concerned their responsibilities to the public in these matters. Only the diseases scheduled as compulsory in the Act are notifiable in this District. Other diseases, such as Measles and Whooping Cough, may be included at the option of local Authorities. There is much to be said in favour of including these two very infectious disorders—the total mortality from which is quite as high as that of any two of those that are notifiable—but, on the other hand, there are certain practical difficulties in applying the law to Measles and Whooping Cough, the principal of which arise from the fact that so many cases of these disorders do not come under medical observation.

Polio-Myelitis and Cerebro-Spinal Fever.

Having regard to the outbreaks of these two diseases in the infectious form which were occurring in many parts of the Country in 1911, and which had occurred to a lesser extent in the preceding year, there were in October of that year, by a resolution of the Council and with the approval of the Local Government Board, made temporarily notifiable diseases for twelve months.

Before the term expired they were permanently added to the Schedule of Notifiable Diseases by an Order of the Local Government Board issued in August, 1912. No cases of either kind were met with in this District.

Isolation and Isolation Hospitals.

Having no Isolation Hospital we have become accustomed to rely solely on such facilities for isolation as the dwelling-house affords, and inadequate though these would often at first sight seem to be, it is usually a matter of *inconvenience* rather than of insuperable difficulty to secure the effectual isolation of patients when once their illness has been notified.

There are, of course, some cases in which the circumstances of a household render home isolation unreliable, but

they are in a District such as this exceptional. Much oftener it is cases of slight illness, the nature of which has not been recognised in time or has been altogether overlooked, that are responsible for the spread of infection.

That is the great difficulty, and obviously it is untouched by the question of Isolation Hospitals. It has always seemed to me that Isolation Hospitals have fallen into disrepute in many places where they have been established because too much has been expected of them; and it has been to avoid any such disappointments here that I have in my former reports and again now thought it necessary to point out their limitations.

There must be occasions when the lack of facilities for home isolation is the starting point of an epidemic or where it forms a link in its continuance; but they are much more rarely met with than might be supposed, and it must not be expected that if in the future we have an Isolation Hospital its advantage will be apparent by any great reduction in the number of infectious cases occurring or in the number of deaths from Infectious Disease.

That would be contrary to general experience, and such an expectation cannot be justified by statistics either on a comparison of the figures for the same District with, and at another time when it has been without, an Isolation Hospital; or on a comparison of the figures available for Districts that have Hospitals and those that have not. There is anther consideration, too, for it must be remembered that Isolation Hospitals have of late years been commonly used only for Scarlet Fever and Diphtheria. For Enteric Fever only simple precautions which can be carried out anywhere are required. For Measles, Whooping Cough, and Mumps, Hospital Isolation is generally out of the question, for in them the patient is usually highly infectious long before the disease is recognised, and the mischief has then already been done, and consequently when any of these diseases is prevalent the number of cases to be dealt with far exceeds the capacity of a local hospital.

By the extracts from the reports of District Medical Officers of Health contained in recent County Reports it would not appear that the working of these Hospitals in the Districts that have them have been otherwise than satisfactory, and their provision for all Districts is recommended by the County Medical Officer, who advocates the combination of adjoining Districts for that purpose, but would limit the use of such Hospitals to the particular cases of infectious illness in which there is a distinct lack of facilities for isolation in the patients' homes.

As I have already pointed out, cases are occasionally met with where, on account of insufficient house accommodation for a large family, or because of some circumstances in the occupation, the health, or the disposition of parents, home isolation cannot be relied on. To provide for these comparatively rare cases, a small joint Hospital for the Romsey Urban and Rural Districts has always commended itself to me as preferable to any larger scheme which has been, or which is likely to be devised; and for that reason I think it a pity that when the Council was approached on the subject by the Romsey Urban Authority a few months ago this opportunity of providing the accommodation we require in the most central position and at comparatively moderate cost, was declined.

Vaccination.

In my last Annual Report I pointed out how, under the present law, the vaccination of infants is declining. Until five years ago over 9 per cent. of the children born in this District were vaccinated. In 1910 the proportion fell to 60 per cent., and last year it was only about 45 per cent. At that rate, as these children grow up we shall in a few years be only a half-vaccinated community, and there will then be abundant channels for the dissemination of small-pox.

Although the thorough vaccination of doctors and nurses will then be the real barriers on which we shall have to rely, that can only be of avail to protect the public where it can be combined with hospital isolation.

There is one aspect of the question to which I might draw your attention—and which I am sure will appeal to the Council—and it is that by the decline in vaccination a saving of about £40 per annum has been effected in vaccination fees in the Romsey Urban and Rural Districts. That small amount might well be ear-marked for the small-pox account, and although it would not go far in the event of an epidemic of small-pox it might be the means of averting one if applied to the provision of an isolation hospital.

The requirements of the Local Government Board as to the distance from other habitations are much more exacting in the case of a hospital intended for small-pox than for an ordinary isolation hospital, but where they have been complied with, there is, I believe, no reason why a hospital intended for small-pox should not be used at other times for other purposes.

For that reason I think that when the question of an Isolation Hospital is again considered we should aim at finding a site and erecting a building that could in emergency be used for Small-pox while providing at other times for just those cases of Scarlet Fever and Diphtheria where there is a distinct lack of facilities for isolating the patients in their own homes.

The Prevention of Consumption and other Forms of Tuberculosis.

The effect of the recent Orders of the Local Government Board on this subject has been to charge *County Councils* (and County Borough Councils) with the duty of providing Sanatoriums, Dispensary and (in suitable cases and circumstances) Domiciliary Treatment of Consumption, and the funds available from the operation of the National Insurance Act are made contributory to that end in dealing with Insured persons and their dependants.

But none the less, the co-operation of Local Sanitary Authorities is expected, not only in investigating cases as they are notified, but in " supplying on the advice of their

Medical Officer of Health such facilities and articles as may be necessary for detecting pulmonary tuberculosis, for preventing the spread of infection, and for removing conditions favourable to infection.''

I have personally investigated and recorded the circumstances of the several cases notified during the year, cards of instruction have been given, disinfectants supplied, and spitting-cups provided for those who needed them.

Attention might be called to the following Bye-law, which has recently been adopted by the County Council, and is in force throughout the County area:—

'' No person shall spit on the floor, side, or wall of any Public Carriage, of any Public Hall, Public Waiting-room, or Place of Public Entertainment, whether admission thereto be obtained upon payment or not.

'' Any person who shall offend against this Bye-law shall be liable for each offence to a fine not exceeding forty shillings.''

There are other directions in which District Councils are empowered to move in the campaign against Consumption, but in this County, unfortunately, the arrangements for Sanatorium treatment of Insured and other persons are not only incomplete, but are not decided on, and until a County Scheme has taken definite form it is impossible for us to do more than we have yet been able to do.

In those cases where application has been made to the Insurance Committee for '' Sanatorium Benefit,'' I have reported to the County Authorities on the homes and surroundings of the patients and the facilities for home treatment.

In two of these cases '' Shelters '' were provided by the County Council, and in the case of the dependants of Insured persons medical attendance has been specially provided by the Insurance Committee. It happens that last year none of the patients in this District received sanatorium treatment or desired it.

There is as yet no arrangement for Dispensary treatment in the area. Bacteriological examinations have been made at the County Laboratory.

As evidence of the substantial progress that has of late years been made, and as an indication of the better results that may be expected to follow from better house accommodation, improved domestic sanitation, and from more adequate food supply in the reduction of the mortality from Consumption, I quote the paragraph which follows from a recent report of the Medical Officer to the Local Government Board.

"It is unnecesary to attempt here to analyse in detail the relative importance of the different factors which have brought about the reduction in the death-rate from tuberculosis already realised, although such an analysis helps to place the administrative action of the present and future on a solid foundation. Summarising the historical and geographical evidence which I have set out elsewhere, it is evident that this decline has been associated with an improving social and sanitary condition of the people. In addition to more efficient medical attendance than in the past these improvements have meant better housing, less unhealthy conditions of occupation, more wholesome and more abundant food and clothing. These influences in the aggregate have caused increased resistance to the infection of tuberculosis. They have probably even more ensured diminished facilities for infection. The close association between bad housing and excessive tuberculosis is well known. Hence the importance attaching to the work of the Board and of local authorities under the Housing Acts, to the efforts to prevent overcrowding in houses, to remedy defective lighting, and ventilation, to prevent permanent dampness in houses, and to diminish and prevent future congestion of houses on areas. Improved housing doubtless increases the resistance to tuberculosis; still more it implies diminished opportunities for infection."

Disinfection.

In all cases of notified infectious disease Carbolic Acid Solution and other disinfectants are freely supplied for use during the illness, and on the termination of the cases the rooms that have been occupied are disinfected by the vaporization of Formic Aldehyde and by scrubbing the floors, etc., with Carbolic Solution. We have no means of dealing specially with clothing and bedding. In exceptional cases these are destroyed.

Bacteriological Examination.

Realizing the importance of Bacteriological Examination in otherwise doubtful cases of Diphtheria, etc., this District and the Romsey Urban District were among the first in the County to make provision for it.

For several years the Medical Practitioners of the District were given a free hand to avail themselves of an arrangement with the Clinical Research Association of London by which all such examinations and re-examinations were chargeable to the Local Authority.

This became the established practice in almost every case, and although the expense was not inconsiderable, the arrangement led, I believe, to the detection of many otherwise doubtful cases which in the absence of any such certain means of identification would have been potent sources of infection.

A bacteriological Laboratory was established by the County Council in 1912, and we now get the same facilities for examination free of cost in the District.

Provision of Diphtheria Antitoxin.

Since 1910 a supply of Antitoxin has been kept by me for distribution on the application of local medical practitioners.

Schools.

The Schools in the District are those at Crampmoor, Lee, and Ridge, in the parish of Romsey Extra, Nursling,

Rownhams, Braishfield, Timsbury, Michelmersh, Mottisfont, Lockerley, East Dean, Awbridge, Sherfield English, Plaitford, and Wellow.

Now that the Schools are visited by School Medical Officers we are not so much concerned with them, though questions of their sanitary condition, etc., are still referable to us. A useful innovation is an arrangement by which cases of known or suspected infectious illness are notified by the Head Teachers to the County Medical Officer and to the Medical Officer of Health simultaneously.

The only Schools closed on account of Infectious illness in 1913 were Crampmoor for Mumps in February, and Lockerley and Awbridge for Measles in April.

With other Schools it sufficed to exclude the children of infected families.

House Accommodation.

Housing and Town Planning Act—Housing (Inspection of District) Regulations.

The number of inhabited houses in the District being 1,596, and the population 6,800, the average number of persons per house is now 4.2. For England and Wales the average is 5.05; for the rural districts of England and Wales it is 4.51.

The demand for houses appears to exceed the supply, and this notwithstanding the fact that the proportionate increase in the number of houses is greater than the increase in population. The explanation is that families are smaller than they used to be.

The ratio of population to inhabited houses in 1891, 1901, and 1911 has already been shown on page 4 of this Report.

The housing of the working-classes, especially in Rural Districts, is the department of Sanitary Administration, to which the greatest attention has been paid in the last few years.

Generally speaking, I should say the quality of the houses in this District is above the average, and, except that many of the old houses, by reason of the manner of their construction, and in some cases from their position, are damp, they are not lacking in the essentials of a healthy habitation. They are, moveover, very cheaply rented, and are nearly all provided with considerable garden plots.

Most of the cottages have three or more bedrooms, but a large proportion have only two.

Instances of positive overcrowding are quite rare, and when they have been met with in recent years the difficulty has always been got over without trouble. The houses are almost invariably detached or semi-detached, and throughout the whole area of the fourteen parishes there are not more than a dozen cases of more than two cottages under the same roof.

The inspection of houses under the recent Regulations has been very carefully carried out by the Sanitary Inspector, with my occasional help, and the results of inspection have been presented to the Council at their regular meetings.

In this way a large part of the District has now already been dealt with, and the result in improvements effected after informal or formal representation has been very good indeed.

That is the reason why—as shown in the Summary (Table V.)—only one Closing Order and no Demolition Order has been made, though we may have been to some extent influenced in our action in that respect by the scarcity of houses.

I refer to a scarcity of houses in this District only because it is so rare to see an untenanted house, but as to the extent of the unsupplied demand, it is very difficult to judge.

The large proportion of houses to the population, and its increasing ratio, the purely rural character of the whole District (in which there is not even what can properly be called a village), and the fact that land is easily and cheaply

obtainable, all make one doubt whether there can really be an unsupplied demand, and if it exists at all I think it must be very limited. There is certainly no fresh or increasing industry in the District itself which can give rise to such a demand, and I think it must chiefly depend on "retired" people and town-workers (of Romsey and Southampton), who have of late years been tempted to live in the country-side by the low rents and by the increased facilities in getting to and from their work.

The number of new houses built last year was 17, most of which are beyond the means of the average labourer.

Building Bye-laws have been in force in this District only about four years. Their provisions are only as to Sanitary requirements, and not as to construction, and I do not see how they can have any deterrent effect on building enterprise.

The question of building a few cottages in selected parts of the District has again come before this Council in the last two months, and a Committee has been appointed to consider it.

I think the most suitable localities for this enterprise would be Nursling (by reason of its proximity to Southampton), Plaitford, and Braishfield.

Wooden Buildings.

There are only two or three wooden buildings used as dwelling-houses.

Van Dwellers, Gipsies, Pickers, etc.

With these we are not often concerned, the usual camping places being just outside the District. In one case last year a gipsy encampment called for the attention of the Inspector and myself.

Excrement and Refuse Disposal.

There is no public scavenging, refuse collection, or system of excrement disposal, nor is there need for anything of the kind, the population being so scattered.

Sewerage and Sewage Disposal.

In such a purely rural district as this sewers are out of the question, and it happens that there is not a single locality in the district requiring such provision.

Practically all the houses have ample gardens or waste ground to deal satisfactorily with their own waste products, hence it follows that in these matters the sanitary work of the district resolves itself almost entirely into supervision of domestic sanitation.

This duty has been very satisfactorily carried out by the present Sanitary Inspector, as it was by his predecessors. Their observations on matters of this kind are recorded in the Inspector's books, and are summarised in his appended report and table.

Pollution of Rivers and Streams.

Although the River Test traverses the District for some six miles above Romsey and six more below it, there are no villages anywhere near the river and hardly half a dozen houses close to it. Hence there is practically no pollution of the River in the District.

As the River passes through Romsey it receives the town sewage, but the volume of water is so great that the pollution is not noticeable.

As far as I am aware the river water is not used for drinking purposes anywhere above or below Romsey.

The Tributaries of the Test that come in from Lockerley, Timsbury, and Wellow are practically free from pollution.

Water Supply.

With the exception of a few houses at Timsbury, near the South Hants Water Company's water works and a few more on the line of the Company's mains where they pass through the parishes of Romsey Extra and Nursling, the water supply of the District is almost entirely from wells, a separate well being provided for each house or group of

houses. These vary in depth according to position, and the water varies in quality and character according to the subsoil in different localities.

A common cause of suspicion at West Wellow and in some parts of Romsey Extra is the presence of a trace of iron in the water.

A more general cause of complaint is that in dry seasons, many of the wells being too shallow, the supply either fails altogether or the quantity of water that remains in the wells is so reduced that the water becomes dirty unless they are particularly clean.

There was, however, no complaint on that score with the heavy rainfall of last year.

A common defect is that the top of the well is not built high enough to prevent the entrance of surface water.

My usual practice in dealing with wells which are open to suspicion is to make an analysis by Thresh's method, having regard at the same time to the situation of the well and the possibilities of occasional pollution.

Where a more exact and complete analysis is required the resources of the new County Laboratory are now available.

I made analyses of 15 samples of well-water last year, most of which were required for the purpose of certifying as to the supply of new houses.

In two cases the water was condemned as unfit for drinking.

Milk Supply—Cowsheds and Dairies.

In this District we are concerned not only with the milk supply of our own residents, but we have the added responsibility arising from the fact that large quantities of milk are daily sent out of the District to Southampton, London, and other centres of population.

The supervision of cowsheds and dairies is in our case one of the most important departments of sanitary work.

There are now about 55 dairy farms on the Register, on which are kept some 1,200 cows.

Of these 50 were inspected last year. Defects were pointed out in 9 cases, all of which were remedied.

In two cases new sheds were built to replace those condemned.

Considerable improvements in cowsheds have been made in many cases in the last few years, but especially in the matter of attention to cleanliness in milking there is generally, or, I might almost say invariably, room for improvement on the part of the cowkeepers.

The fault rests partly with us in that our Regulations make no mention of the necessity for keeping clean the udders of cows and the hands of milkers. In other respects the Regulations are defective, and on one important point I have always thought them too particular in insisting on a cubic space of 800 feet per cow in every cowshed without any allowance being made where the cows are habitually out in the summer months, and are out for a portion of each day in the winter. It is in this part of the country the universal custom so to turn cows out, and that being so a somewhat smaller provision of space should suffice.

The Regulations now generally recommended and adopted recognize this distinction and only provide for 800 cubic feet in those cowsheds which are in constant use.

Two years ago I recommended the Council to cancel the Regulations made in 1890, and to substitute a new set on the lines of the "Model Regulations, Series XIX."

This was duly considered, and, with the insertion of a clause which I had suggested, prescribing a minimum space of *500 cubic feet* in cases where cows are turned out, it was passed for adoption, subject to the sanction of the Local

Government Board. The Board, however, declined to sanction the specification of anything less than 600 cubic feet, and partly for that reason, and also because it was believed that fresh legislation on the subject was imminent, the matter was allowed to drop.

These Bye-laws should be adopted in accordance with the Board's requirements.

It has been generally expected that an attempt will be made to deal with Tuberculosis in Cattle, and that County Councils will be the administrative bodies for that purpose. The existing powers of District Councils in dealing with tuberculosis in cattle have been practically non-effective, even in those Districts where any attempt has been made to carry them out. Whatever is to be done in the future in this direction it certainly is most desirable that the regulations should be uniform in all districts, and especially so if they are to involve the destruction of diseased animals, whether with or without compensation of the owners.

Slaughter-houses.

There are no regular slaughter-houses in the District, all the meat that is used, except that of pigs killed for home consumption, coming from Romsey or from other neighbouring towns.

Common Lodging Houses.

Of these there are none.

Bakehouses.

There are eleven village bakehouses. They have all been inspected during the year, without fault being found.

There are no underground bakehouses requiring special license.

Factories and Workshops.

Excepting the above-mentioned 11 bakehouses, there are no factories or workshops in the District. Neither are

there, as far as I am aware, any Outworkers, except one in respect of whose employment notice is received twice a year from another Council.

Bye-laws.

Besides the Regulations affecting Cowsheds and Dairies, the amendment of which I have suggested, the only Bye-laws are those in respect of New Buildings.

Adoptive Acts.

There are none in force at present. Although this is, perhaps, an unusual position it is not an unreasonable one, having regard to the extremely rural character of the District.

Food and Drugs Acts.

These are now administered by Inspectors appointed by the County Council.

Two samples of food, 11 of milk, and 1 of flour, were taken by them in the District last year, and were found to be satisfactory.

In conclusion I wish to again thank the Council for their consideration of the representations and recommendations I have had to make, and I trust that in the future no opportunity will be lost in effecting improvements tending to the preservation of the Public Health.

Copies of this Report have been duly forwarded to the County Council, the Local Government Board, and the Home Office as required. Additional printed copies are available for Members of the Council and Residents in the District.

I remain, Gentlemen,

Yours faithfully,

RALPH C. BARTLETT,

Medical Officer of Health

for the Romsey Rural District.

TABLE I.

Vital Statistics of Whole District during 1913 *and previous Years.*

Year	Population estimated to Middle of each Year	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
			Nett						Under 1 Year of Age		At all Ages	
		Uncorrected Number	Number	Rate	Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	*6,650	144	144	21·6	68	10·2	6	1	9	62·5	63	9·4
1909	6,700	152	152	22·6	84	12·5	10	2	8	52·6	76	11·3
1910	6,750	144	142	21·0	82	12·1	11	2	15	105·6	73	10·8
1911	†6,800	166	166	24·4	85	12·5	13	9	14	84·3	81	11·9
1912	6,850	127	126	18·3	81	11·8	9	4	9	71·4	76	11·0
1913	6,900	140	139	20·1	67	9·7	9	13	8	57·7	71	10·2

Area of District in acres (land and inland water), 31,855. Total population at all ages, 6,800.
Number of inhabited houses 1,596. Average number of persons per house, 4·2.
* Population at Census of 1901, 6,270. † Population at Census 1911, 6,800.

TABLE II.

Cases of Infectious Disease notified during the year 1913.

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED								TOTAL CASES NOTIFIED IN EACH LOCALITY							Total cases removed to Hospital		
	At all Ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards	Romsey Extra	Michelmersh and Timsbury	Mott'font L'ckerley & E Dean	Wellow, Sherfield, Plaitford,	Nursling and Ro'nhams					
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	15	...	1	6	3	5	...	...	1	1	7	6	...	...	...	...	...	...
Erysipelas	3	...	...	1	...	...	2	...	1	...	1	...	1	...	...	...	...	...
Scarlet Fever	18	...	3	11	1	3	...	...	13	...	...	4	1	...	...	1	...	...
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	2	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-spinal Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	7	...	...	...	3	2	2	...	3	...	3	...	1	...	...	1	...	...
Other forms of Tuberculosis ...	3	...	...	1	1	1	...	...	...	...	1	...	2	...	...	...	...	...
Totals	48	...	4	19	8	13	4	...	20	1	12	10	5	...	...	2	...	...

There is no Isolation Hospital provision by the Authority. The County Authority provides Sanatorium treatment in selected cases, at present limited to Insured Persons.

TABLE III.

Causes of, and Ages at, Death during the year 1913.

Causes of Death	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District
	All ages	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	
All Causes { Certified ...	71	8	2	4	1	2	10	13	31	14
All Causes { Uncertified ...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	1	...	...	...	...	...	1	...	...	...
Whooping Cough	4	1	1	2	...	...	...	...	...	...
Diphtheria and Croup ...	2	...	...	1	1	...	...	...	...	...
Influenza	2	...	...	1	...	...	1	...	...	...
Phthisis (Pulmonary Tuberculosis)	1	...	...	...	...	...	1	...	...	2
Tuberculous Meningitis ...	1	...	...	...	...	...	1	...	...	...
Other Tuberculous Diseases ...	1	...	...	...	...	...	1	...	...	...
Cancer, Malignant Disease ...	9	...	...	...	...	...	...	4	5	1
Meningitis	1	...	...	...	...	1	...	...	...	...
Organic Heart Disease ...	7	...	...	...	...	...	...	...	7	2
Bronchitis	3	...	...	...	...	...	1	1	1	2
Pneumonia (all forms) ...	5	2	1	...	...	...	...	1	1	1
Other diseases of respiratory organs	2	...	...	...	...	...	1	...	1	...
Diarrhœa and Enteritis ...	1	1	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease	2	...	...	...	...	...	...	1	1	...
Other accidents and diseases of Pregnancy and Parturition	1	...	...	...	...	...	1	...	...	...
Congenital Debility and Malformation, including Premature Birth	4	4	...	...	...	...	...	...	...	...
Violent Deaths (excluding Suicides)	1	...	...	...	...	...	...	...	1	1
Other Defined Diseases ...	14	...	...	...	...	1	2	4	7	4
Diseases ill-defined or unknown	9	...	...	...	...	...	...	2	7	1
	71	8	2	4	1	2	10	13	31	14

TABLE IV.—INFANTILE MORTALITY DURING THE YEAR 1913.

Nett Deaths from stated Causes at various Ages under One Year of Age.

Cause of Death	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under One Year
All Causes { Certified ...	1	1	1	1	4	1	2	1	...	8
All Causes { Uncertified ...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	..
Whooping Cough	...	...	...	...	...	...	1	...	...	1
Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
Meningitis *(not Tuberculous)*	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms) ...	...	...	...	...	...	...	1	1	...	2
Diarrhœa	...	...	...	...	..	...	...	...	...	...
Enteritis	...	...	...	...	...	1	...	...	...	1
Gastritis	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying ...	...	...	...	...	...	...	...	...	...	...
Injury at birth	...	...	...	...	...	...	...	...	...	...
Congenital Malformations ...	...	...	...	...	...	...	...	...	...	...
Premature Birth	1	...	1	1	3	...	...	...	...	3
Atrophy, Debility, Marasmus	...	1	...	...	1	...	...	...	...	1
Other causes	...	...	...	...	...	...	...	...	...	...
	1	1	1	1	4	1	2	1	...	8

Nett Births in the year : Legitimate, 133. Illegitimate, 6.

Nett Deaths in the year of Legitimate Infants, 7. Illegitimate Infants, 1.

TABLE V.

Summary of Sanitary Work done in the Inspector of Nuisances' Department during the year 1913.

		Number of		Abatement Notices		Nuisances Abated after Notices by		
		Inspections and Observations made	Defects found	Informal by Inspector	Formal by Authority	Inspector	Authority	Nuisance Remaining Unabated
Dwelling-houses and Schools	Foul Conditions ...	48	6	6	...	6	...	...
	Structural Defects ...							
	Over-crowding ...	1	1	1	...	1	...	...
	Unfit for Habitation	...	...	...	...	...	...	...
	Lodging-houses ...	...	...	...	...	...	...	...
	Dairies & Milkshops	47	...	...	...	...	...	...
	Cowsheds... ...	50	9	7	2	7	*2	...
	Bakehouses ...	11	...	...	...	...	...	...
	Slaughter-houses ...	...	...	...	...	...	...	...
	Canal Boats ...	...	...	...	...	...	...	...
	Ashpits and Privies	...	...	...	...	...	...	...
	Deposits of Refuse and Manure	...	...	...	...	...	...	...
	Water-closets ...	...	...	...	...	...	...	...
House Drainage	Defective Traps ...	2	...	2	...	2	...	...
	No Disconnection ...	...	...	...	...	...	...	...
	Other Faults ...	35	15	15	...	12	...	†3
	Water Supply, Mottisfont	‡3	...	...	...	...	...	...
	Pigsties	...	...	...	...	...	...	...
	Animals improperly kept	...	...	...	...	...	...	...
	Offensive Trades ...	...	...	...	...	...	...	...
	Smoke Nuisances ...	...	...	...	...	...	...	...
	Inspections of New Buildings	165	...	...	...	...	...	...
	Totals	362	31	31	2	28	2	6

Complaints received	Very few
Seizures of Unwholesome Food	...
Samples of Food taken for Analysis ...	§2
„ „ found Adulterated ...	...
„ of Water taken for Analysis ...	15
„ Condemned as Unfit for Use ...	2

Precautions against Infectious Disease.	
Lots of Infected Bedding Stoved or Destroyed	...
Houses Disinfected after Infectious Disease	38
Schools ditto ditto ...	...
Prosecutions for not Notifying Existence of Infectious Disease	...
Convictions ditto ditto ...	...
Prosecutions for Exposure of Infected Persons or Things	...
Convictions ditto ditto ...	...

* New Sheds. † In hand. ‡ The District Council have this in hand.
§ By County Analyst.

Housing and Town Planning Act.

INSPECTION OF HOUSES.

Is there any scarcity of houses—and where?—Yes, generally. Not pronounced in any particular locality.

Number of new houses built in 1913?—17. General Character?—Very Good.

Any Town Planning Scheme contemplated?—At present under consideration by Committee of Council.

Who has been designated as the Inspecting Officer under Article II. of the Housing Regulations, 1910?—C. W. P. Dyson, A.R.S.I.

Are records submitted to L.A. at each meeting?—Yes.

	Number.
Houses Inspected	136
Section 17—	
Dwelling-houses found unfit for human habitation	
Representations made	
Closing Order made	1
Houses made habitable without Closing Orders	
House made habitable as result of Closing Order	1
Houses demolished	
Houses unfit but still occupied	
Section 15 and Public Health Acts—	
Defects reported	32
Defects remedied	32
Notices served	8

TABLE VI.

Deaths from Zymotic Diseases and Zymotic Death-rates for 1913 *and for the preceding* 10 *years.*

ROMSEY URBAN DISTRICT. Population, 6,800 in 1911.

YEAR	Deaths from Small-pox	Deaths from Measles	Deaths from Scarlet Fever	Deaths from Diphtheria	Deaths from Membranous Croup	Deaths from Typhoid and other Fevers	Deaths from Whooping Cough	Total of deaths from Zymotic Diseases	Zymotic Death-rate (per 1000 living)
1903	...	...	...	1	...	...	...	1	·15
1904	...	...	1	...	...	...	...	1	·15
1905	...	1	...	2	...	...	1	4	·63
1906	...	...	...	3	...	...	...	3	·47
1907	...	3	...	3	...	...	...	6	·95
1908	...	2	...	1	...	...	...	3	·47
1909	...	...	...	...	...	...	...	...	...
1910	...	1	...	1	...	...	1	3	·47
1911	...	1	...	1	...	...	...	2	·29
1912	...	...	...	2	...	...	...	2	·29
Total for 10 years	...	8	1	14	...	...	2	25	Average total Zymotic death-rate per 1000 per annum
Average death-rate per annum for 10 years to 1912	...	·11	.01	·20	...	...	·03	...	·35
Deaths in 1913	...	...	...	2	...	1	4	7	Total Zymotic death-rate for 1913
Zymotic death-rate for 1913	...	...	...	·29	...	·14	·58	...	1·0

NOTE.—Deaths from Diarrhœa and Enteritis are not included in this table. In 1913 there was only one such death, which if counted would bring the Zymotic death-rate up to 1·1.

TABLE VII.

Inspection of Factories, Workshops, and Workplaces.

Factories Inspected	...	0
Workshops „	...	11
Workplaces „	...	0
Total	...	11

Written notices	...	0
Defects found ...	...	0
„ remedied	...	0

Home Work.

Lists received from Employers :

Lists	... ...	2
Outworkers	... ...	2

Registered Workshops.

Defects	... ...	0
Retail Bakehouses	...	11
Other Workshops	...	0
Total	...	11

Other Matters :—

Underground Bakehouses in use at the end of the year	... ...	0

RAIN-FALL TABLE, 1913.

From Records of Rainfall at Ampfield Vicarage.

Month	Rainfall in 1913	No. of days on which rain fell in 1913	Rainfall in 1912	No. of days on which rain fell in 1912	Average Rainfall for 15 preceeding years (1897-1911)	Average No. of rain days in year
January ...	4·85	21	4·26	19	2·27	
February ...	1·32	10	2·60	22	2·20	
March ...	3·09	20	3·87	23	2·26	
April ...	3·06	19	·11	3	2·17	
May ...	2·54	13	1·53	11	2·10	
June ...	·38	6	5·12	21	2·39	
July ...	1·18	10	2·34	15	1·55	
August ...	1·63	12	6·54	28	2·43	
September ...	2·43	9	2·09	4	1·46	
October ...	5·10	22	3·42	18	3·99	
November ...	3·06	20	1·86	14	2·67	
December ...	1·90	9	4·00	21	3·50	
Totals ...	30·54	171	37·54	199	28·97	About 160